		T APPLICAT Effe	ctive Dece						inl	, 12,	1112	,	
۴	CLAIMS AS FILED - PART I (Column 1) (Column					lumn 2)		SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
	TOTAL CLAIM	S						RATE	FEE	۳′	RATE	FEE	
1	OR		NUMBE	NUMBER FILED		NUMBER EXTRA		BASIC FE	+	٦,	BASIC FE		
Ī	OTAL CHARGEABLE CLAIMS		2/ 1	2/ minus 20=		. /		X\$ 25=	1	7	Vere	770	
4	IDEPENDENT	CLAIMS .	3	minus 3 =					 	-IOF	 	150	
MULTIPLE DEPENDENT CLAIM PRESENT								X100=	 		X200=	ļ	
•										OR	+360=		
	* If the difference in column 1 is less than zero, enter "0" in column 2 CLAIMS AS AMENDED - PART II							TOTAL		OR	TOTAL	640	
		(Column 1)		D - PART (Colum		(Column 3)		SMALI	ENTITY	OR		THAN ENTITY	
Y	1/2/8	CLAIMS REMAINING		HIGHE	ST	PRESENT	ſ		ADDI-	7		ADDI-	
AMENDMENT	41/0	AFTER AMENDMENT		PREVIO	JSLY	EXTRA		RATE	TIONAL FEE		RATE	TIONAL	
ğ	Total	4.19	Minus	-2	I)	.0		X\$ 25=		OR	X\$50=	- (55	
AFE	Independent	<u> </u>	Minus	ئے 🔐	3	-0		X100=	 	OR	X200=		
-	Trinsi Phesi	ENTATION OF A	AULTIPLE DE	PENDENT	CLAIM			+180=				_	
				•			L	TOTAL		OR	+360= TOTAL		
	(Column 1) (Column 2) (Column 3)						A	DOIT. FEE		OR ,	NOOIT, FEE		
0		CLAIMS REMAINING		HIGHE:	T	PRESENT	Γ		ADDI-	ſ		ADDI-	
AMERICANE B	·	. AFTER AMENDMENT		PREVIOU PAID FO		EXTRA		RATE	TIONAL		RATE	TIONAL FEE	
5	Total	•	Minus	••		-	Ţ;	(\$ 25=		OR	X\$50=		
	Independent FIRST PRESE	·	Minus	400		•	1	<100=		OR	X200=		
	I MOTHESE	NTATION OF M	OLTIPLE DE	PENDENT C	LAIM		F	180=					
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	•	(Column 1)	·	(Column	·21.	Column 3)	AD	DIT. FEE L		OH. A	DDIT. FEEL		
Ţ		CLAIMS REMAINING	3.2. 2.2.2	HIGHES	r I	Column 3)	Γ		ADDI-			400	
		AFTER AMENDMENT		PREVIOUS PAID FOI	LY	PRESENT. EXTRA	1		TONAL		RATE	ADDI- TIONAL	
	Total .	•	Minus	44					FEE			FEE	
-	ndependent	•	Minus	***		<u></u>	1	\$ 25=	(· -	X\$50±		
1	IRST PRESEA	ITATION OF MU	ILTIPLE DEP	ENDENTC	AIM		Ľ	100=)R	X200=		
er e	he entry in colum	n I is less than th		an en maria en en				180=	c	Я	+360 =		
11	he "Highest Num	ber Previously Pai ber Previously Pai	d For IN THIS	SPACE IS ISS	s than a	O enter 20		TOTAL IT FEE		P AO	TOTAL DIT FEE		
ìji	• "Highesi Numb	er Previously Paid	For (Total or	Independent)	s the h	o, erner a. Ghest number (c	ound i	n the appro	priate box i	colun	n I		
	TO-975 (Rev. 10,0										MENT OF CO		